



**Indiana Department of Revenue**  
**International Fuel Tax Agreement (IFTA)**  
**License Renewal Application Instructions**

Revised October, 2004

**Section A:**

**Line 1:** Nine-digit federal employer identification number (FEIN).

**Line 2:** Eleven-digit Indiana taxpayer identification number.

**Line 3:** Name and mailing address of the sole proprietor, partnership, corporation or other legal entity.

**Line 4:** Indicate whether the business is registered as a nonprofit entity in Indiana.

**Line 5:** Indicate the type of business by checking the appropriate box.

**Line 6:** If a corporation, complete lines A through E.

**Line 7:** List each owner, partner, or corporate officer. If more space is needed, attach additional sheets.

**Line 8:** The contact person should be an owner, partner or responsible officer that the department may contact regarding your account. **If the contact is an authorized agent, a properly completed power of attorney must be attached to the renewal application.**

**Line 9:** Telephone number of contact person.

**Line 10:** Business trade name and address.

**Line 11:** The business location phone number.

**Section B:**

Tax return mailing address (if different from your business address).

**Line 12.** The USDOT Number. The renewal will not be processed without one.

**Line 13:** IRP account number. **If you have a farm plate and are not required to have an IRP account, a copy of the farm plate registration must accompany the renewal application.**

**Line 14:** Type of carrier operations in which you engage.

**Line 15:** ICC Authority Number(s), if applicable.

**Line 16:** Fuel type used in your vehicles.

**Line 17:** Have you ever been issued an IFTA License?

**Line 18:** Indicate whether bulk fuel is maintained for storage in Indiana.

**Line 19:** Total number of decals needed. **Requests for additional decals must be in writing and may result in an audit of your account.**

**Line 20:** Check the jurisdictions in which traveling will be done.

**Line 21:** Sign and date the return. Enclose your payment of **\$25.00** made payable to the Indiana Department of Revenue. Mail to:

**Indiana Department of Revenue**  
**Motor Carrier Services Division**  
**P O Box 6175**  
**Indianapolis, IN 46206-6175**

**Questions?**

You may write to the above address or you may call us at **(317) 615-7345** from 8:00 a.m. to 4:30 p.m. Monday through Friday. Please have your taxpayer identification number available when you call.